

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015276

STATE FILE NUMBER

FILED MAY 1 1959

Registration District No.

Primary Registration District No.

Registrar's 2 2877

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri, b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis,		c. CITY OR TOWN St. Louis,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony Hospital,		d. STREET ADDRESS (If outside, give location) 5039 Newport Ave.,	
3. NAME OF DECEASED (Type or print) First Theresa Middle H. Last Krekel,		4. DATE OF DEATH Month March Day 20, Year 1959	
5. SEX Female.	6. COLOR OR RACE White,	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH February 22 1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home,	11. BIRTHPLACE (City and state or country) St. Louis, Missouri,
13a. FATHER'S NAME Theodore Weinling		14. NAME OF HUSBAND OR WIFE John J. Krekel,	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None	
17. INFORMANT John J. Krekel, 5039 Newport Ave.,		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBROVASCULAR ACCIDENT (HEMORRHAGE) DUE TO (b) HYPERTENSION DUE TO (c) 331X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) NONE			INTERVAL BETWEEN ONSET AND DEATH 9 HOURS
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) NONE	
20c. TIME OF INJURY Hour 9:40 P.M. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from SEPT 1958 to MAR. 20, '59 and last saw him alive on MAR. 20, 1959 Death occurred at 9:40 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John C. Doucek Jr. M.D.		22b. ADDRESS 2767 GRAVONS ST. LOUIS	
22c. DATE SIGNED 3/21/59			
23a. BURIAL (CREMATION, REMOVAL, (Specify) Burial,		23b. DATE 3/23/59	
23c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery,		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri,	
24. FUNERAL DIRECTOR Gecken-Benz Mortuary,		25. DATE RECD. BY LOCAL REG. Mo. MAR 21 '59	
26. REGISTRAR'S SIGNATURE Earl Smith. M.D.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Victim coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or byme....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed

.....
Licensed Embalmer No. 4219.....
2842 Meramec St.
P. O. Address.....St. Louis, 18,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.